



FOUNDATION TRAINING RECORD

INDIVIDUAL DEVELOPMENT PLAN (IDP)



MIDDLE SCHOOL AND TEEN (MST) PERSONNEL

EMPLOYEE:	INSTALLATION:	POSITION/GRADE:
DATE OF HIRE:	PROJECTED DATE OF COMPLETION OF THIS IDP (18 MO. FROM DATE OF HIRE):	DATE MS/TEEN CERTIFICATE AWARDED:
FACILITY:	HOME PHONE:	WORK PHONE:
ASSIGNED TRAINER:	SIGNATURE OF EMPLOYEE/DATE: <i>I understand successful completion of training in the prescribed time period is a job requirement.</i>	

NOTE: ACTUAL CLOCK HOURS MAY EXCEED TRAINING UNITS

MIDDLE SCHOOL/TEEN ORIENTATION TRAINING <i>(Complete prior to first duty assignment)</i> MINIMUM 8 TRAINING UNITS	DATE:	TRAINING UNITS:	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:
Regulations and SOPS				
Adolescent Growth and Development				
Working with Middle School/Teens: <ul style="list-style-type: none"> * Introduction to the 4 Service Areas * Planning Appropriate Activities * Designing Learning Environments * Guidance Techniques * Communication 				
Parent and Public Relations				
Role Modeling for Middle School/Teens				
Safety and Emergency Procedures				
Abuse Identification, Reporting and Prevention in Youth Program Settings				
Special Needs Awareness				

SUPERVISED WORK EXPERIENCE <i>(Complete prior to first duty assignment)</i> MINIMUM 16 clock hours	DATE:	CLOCK HOURS:	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:

EMPLOYEE NAME:	DATE ENTRY LEVEL TRAINING BEGAN:	PROJECTED DATE OF COMPLETION (6 MO. FROM DATE OF HIRE):	DATE ENTRY LEVEL TRAINING COMPLETED:
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MIDDLE SCHOOL/TEEN ENTRY LEVEL TRAINING (Complete within first 6 months of hire) MINIMUM 16 TRAINING UNITS	DATE:	TRAINING UNITS:	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:
Identifying and Reporting Abuse in Youth Program Settings Module 2 Units				
Basic Computer Skills 2 Units				
Observation Techniques 1 Unit				
Other YS/SAS Program Observation 1 Unit				
Module 6: Communication 2 Units READ: _____ K.A.: _____ SCORE: _____ C.A.: _____				
Module 10: Guidance 2 Units READ: _____ K.A.: _____ SCORE: _____ C.A.: _____				
Module 12: Program Mgmt 2 Units Part 1: The 4 Service Areas READ: _____ K.A.: _____ SCORE: _____ C.A.: _____				
First Aid 2 Units				
Child/Adult CPR 2 Units				

INSTALLATION REQUIREMENTS (Optional)	DATE:	TRAINING UNITS:	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:

NOTE: K.A. = KNOWLEDGE ASSESSMENT C.A. = COMPETENCY ASSESSMENT

EMPLOYEE NAME:	DATE SKILL LEVEL TRAINING BEGAN:	PROJECTED DATE OF COMPLETION (12 MO. FROM DATE OF HIRE):	DATE SKILL LEVEL TRAINING COMPLETED:
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MIDDLE SCHOOL/TEEN SKILL LEVEL TRAINING (Complete within first 12 months of hire) MINIMUM 22 Training Units	DATE:	TRAINING UNITS:	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:
Preventing Abuse in Youth Program Settings Module complete in 6 mo. 2 Units				
Facilitating the Computer Lab 1 Unit				
Tutoring - the Homework Center 1 Unit				
Special Project 2 Units				
Module 3: Environments 2 Units				
<div>READ:</div> <div>K.A.: SCORE: C.A.:</div>				
Module 9: Social 2 Units				
<div>READ:</div> <div>K.A.: SCORE: C.A.:</div>				
Module 1: Safe 2 Units				
<div>READ:</div> <div>K.A.: SCORE: C.A.:</div>				
Module 8: Self 2 Units				
<div>READ:</div> <div>K.A.: SCORE: C.A.:</div>				
Module 4: Physical 2 Units				
<div>READ:</div> <div>K.A.: SCORE: C.A.:</div>				
Module 11: Families 2 Units				
<div>READ:</div> <div>K.A.: SCORE: C.A.:</div>				
Workforce Preparation 1 Unit				
Partnerships 2 Units				
Installation Requirements 1 Unit				

Module sequence may be varied in Skill Level Training to accommodate individual trainee progression.

INSTALLATION REQUIREMENTS (Optional)	DATE:	TRAINING UNITS:	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:

NOTE: K.A. = KNOWLEDGE ASSESSMENT C.A. = COMPETENCY ASSESSMENT

EMPLOYEE NAME:	DATE TARGET LEVEL TRAINING BEGAN:	PROJECTED DATE OF COMPLETION (18 MO. FROM DATE OF HIRE):	DATE TARGET LEVEL TRAINING COMPLETED:
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MIDDLE SCHOOL/TEEN TARGET LEVEL TRAINING (Complete within first 18 months of hire) MINIMUM 16 Training Units	DATE:	TRAINING UNITS:	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:
Module 5: Cognitive 2 Units READ: _____ K.A.: _____ SCORE: _____ C.A.: _____				
Module 7: Creative 2 Units READ: _____ K.A.: _____ SCORE: _____ C.A.: _____				
Module 2: Healthy 2 Units READ: _____ K.A.: _____ SCORE: _____ C.A.: _____				
Module 12: Program Mgmt 2 Units Part 2: Program Planning READ: _____ K.A.: _____ SCORE: _____ C.A.: _____				
Module 13: Professionalism 2 Units READ: _____ K.A.: _____ SCORE: _____				
Youth Sponsorship 1 Unit				
Community Service 1 Unit				
CPR Update 2 Units				
Measuring Quality 2 Units				

Module sequence may be varied in Target Level Training to accommodate individual training progression.

INSTALLATION REQUIREMENTS (Optional)	DATE:	TRAINING UNITS:	TRAINER'S INITIALS:	EMPLOYEE'S INITIALS:

VERIFICATION OF COMPLETION OF FOUNDATION LEVEL TRAINING		
SIGNATURE OF EMPLOYEE:	DATE:	UNITS REQUIRED: 66
SIGNATURE OF TRAINER:	DATE:	TOTAL UNITS COMPLETED:

NOTE: K.A. = KNOWLEDGE ASSESSMENT C.A. = COMPETENCY ASSESSMENT